

ANNUAL SUBRECIPIENT CONTRACT DETAIL
BY PARENT
FOR THE FISCAL YEAR ENDED 6/30/05

PARENT NAME Hardin County General Hospital

Parent Record # 965

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Hardin County General Hospital	Z05022560	HARDIN COUNTY NURSING	34352	103	D	6/3/2005	9,250.00
Summary for 'REF DOC NUMBER' = Z05022560 (1 detail record)							
Total for Z05022560							9,250.00

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Hardin County General Hospital	Z05023985	HARDIN COUNTY NURSING	34349	103	D	1/19/2005	20,000.00
Summary for 'REF DOC NUMBER' = Z05023985 (1 detail record)							
Total for Z05023985							20,000.00